Unit HSC 360

Move and position individuals

The level of assistance individuals need in moving and achieving the correct position can vary from needing help to get out of a chair to being completely dependent on others to move them, to turn them over and to alter their position in any way, for example if they are unconscious or paralysed.

When individuals require this degree of care it is essential that they are moved and handled in the most sensitive and safe way. Safe procedures are also vital for you as a worker, and the people you work with – the commonest causes of people being unable to continue to work in health or social care are that they suffer injuries, usually back injuries, from lifting and moving individuals. It is possible to minimise the risk to yourself, to colleagues and to individuals for whom you provide care by following the correct procedures and using the right equipment.

The first element is about preparing the equipment, environment and individuals themselves for being moved. In the second element you will need to ensure that you know the way to carry out the move correctly and safely, and offer all the support people need.

What you need to learn

- Health and safety measures
- Working with the individual to be moved
- Suitable clothing and equipment
- How to encourage independence
- Equipment for moving and handling
- Methods for manual moving and handling
- Recording and passing on information.

HSC 360a Prepare the equipment, the environment and the individual for moving and positioning

Health and safety measures

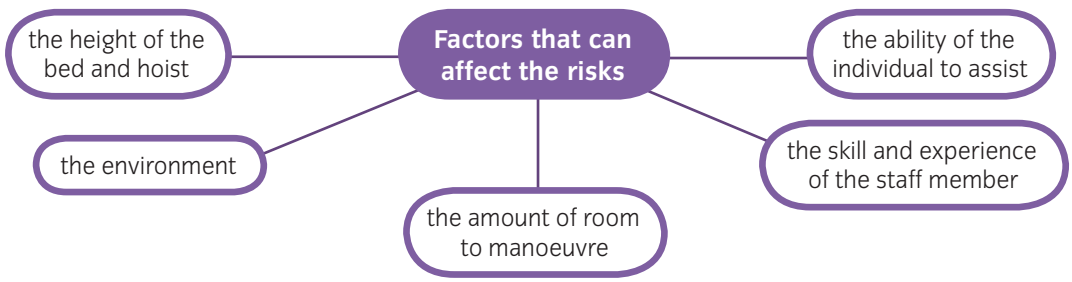
KS 4 5 6 9 20 25 28

As you learned in Unit HSC 32, all aspects of health and safety are covered by legislation. Moving people safely is no exception. The Health and Safety Executive guidance states:

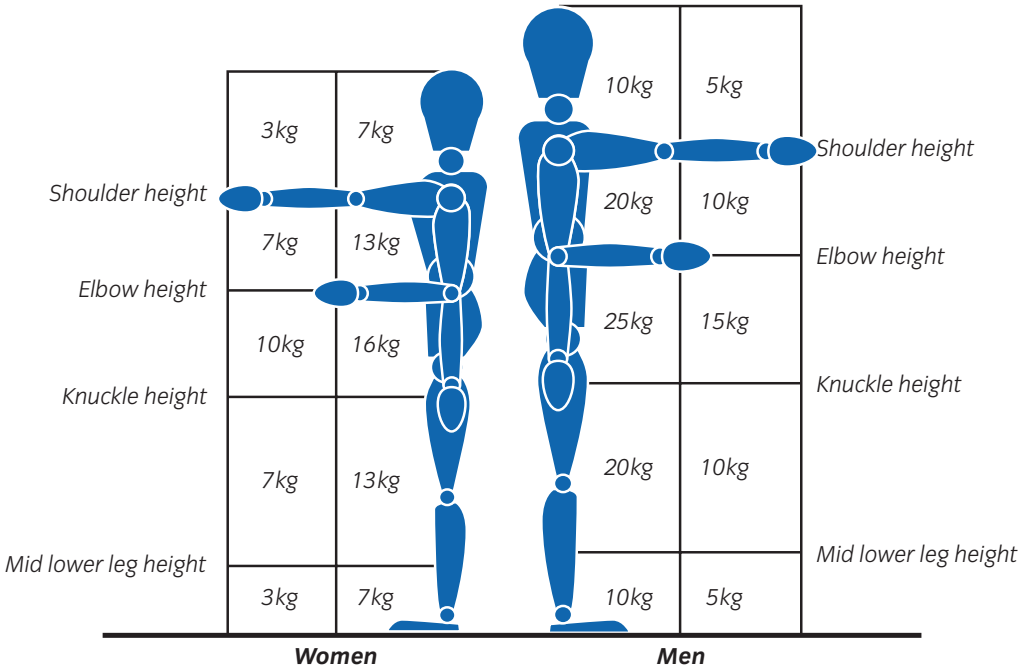
1. The Manual Handling Operations Regulations 1992, which implement the Manual Handling of Loads Directive, came into effect on 1 January 1993 under the Health and Safety at Work Act 1974, and enable UK legislation to implement a European Community Directive on the manual handling of loads. They apply to all manual handling activity with a risk of injury.
2. The Regulations impose duties on employers, self-employed people and employees. Employers must avoid all hazardous manual handling activity where it is reasonably practicable to do so. If it is not, they must assess the risks in relation to the nature of the task, the load, the working environment and the capabilities of the handler and take appropriate action to reduce the risk to the lowest level reasonably practicable. Employees must follow appropriate work systems introduced by their employer to promote safety during the handling of loads.

Ensuring safety for both yourself, your colleagues and the person being moved is the joint responsibility of you and your employer.

The HSE provides guidelines about weights that can be safely lifted – these are very general guides and are not a substitute for a risk assessment, because many factors can affect the risks in each situation.


Factors that can affect the risks
the height of the bed and hoist
the ability of the individual to assist
the environment
the skill and experience of the staff member
the amount of room to manoeuvre

The HSE guidelines are based on moving inanimate objects, not people – who can move, wriggle, complain and co-operate (or not)! But these guidelines are useful in showing how little weight can be lifted safely, and serve as a useful warning to THINK RISK.



Each box in the diagram above shows guideline weights for lifting and lowering.

Observe the activity and compare to the diagram. If the lifter's hands enter more than one box during the operation, use the smallest weight. Use an inbetween weight if the hands are close to a boundary between boxes. If the operation must take place with the hands beyond the boxes, make a more detailed assessment.

The weights assume that the load is readily grasped with both hands, and the operation takes place in reasonable working conditions with the lifter in a stable body position.

Any operation involving more than twice the guideline weights should be rigorously assessed – even for very fit, well-trained individuals working under favourable conditions.

There is no such thing as a completely 'safe' manual handling operation. But working within the guidelines will cut the risk and reduce the need for a more detailed assessment.

Source: HSE 1998

Infection control

Hygiene is also an important safety factory to consider, as the possibility of cross-infection is always present when you are working closely with and handling individuals. See Unit HSC 32 for advice on infection control, especially how to ensure your own hygiene – including standard precautions and the correct procedure for washing your hands.

How to assess risks

As you will remember from Unit HSC 32, your employer has a responsibility under health and safety legislation to examine and assess all procedures which take place in your working environment involving risk. All risks must be noted, assessed and steps taken to minimise them as far as possible. Your employer is responsible for providing adequate equipment for such tasks as moving and handling individuals who require assistance.

There are responsibilities on both the employer and the employee. The process of reducing risk is a joint responsibility – you must make your contribution in the interests of your own safety and that of your colleagues, as well as that of the person you are moving.

The employer's duties are to:

- **avoid** the need for hazardous manual handling as far as is reasonably practicable
- **assess** the risk of injury from any hazardous manual handling that can't be avoided
- **reduce** the risk of injury from hazardous manual handling, as far as reasonably practicable.

Employees' duties are to:

- follow appropriate systems of work laid down for their safety
- make proper use of equipment provided to minimise the risk of injury
- co-operate with the employer on health and safety matters; a care assistant who fails to use a hoist that has been provided is putting himself or herself at risk of injury, and the employer is unlikely to be found liable
- apply the duties of employers, as appropriate, to their own manual handling activities
- take care to ensure that their activities do not put others at risk.

Remember

The process of reducing risk is a joint responsibility of employer and employee.

Look after your back

Ideally every workplace should have, or have access to, a Back Care Advisor (BCA). These are people who are trained in manual handling and are able to provide expert advice to managers, manual handling supervisors and to members of staff who are involved in manual handling.

You must ensure that you follow the information provided by the BCA for your workplace, and take every opportunity to attend information and education events to make sure you are up to date on manual handling techniques and policies.

If you are supervising other staff, or have a responsibility for training, you must ensure that staff are trained and regularly updated. The health and safety officer in your workplace should also be able to provide up-to-date information regarding moving and handling.

Active knowledge

Find out who the BCA is for your workplace, and ask him or her when the next education sessions are planned.

Checklist

1 Is individual weight-bearing? Yes ☐ No ☐

2 Is individual unsteady? Yes ☐ No ☐

3 What is the general level of mobility? Good ☐ Poor ☐

4 a What is the individual's weight? _____

b What is the individual's height? _____

c How many people does this lift require? _____

(Work this out on the scale devised by your workplace)

5 What lifting equipment is required? Hoist ☐ Sling ☐ Trapeze ☐ Transfer board ☐

6 Is equipment available? Yes ☐ No ☐

7 If not, is there a safe alternative? Yes ☐ No ☐

8 Are the required number of people available? Yes ☐ No ☐

9 What is the purpose of the move? _____

_____

10 Can this be achieved? Yes ☐ No ☐

A checklist for assessing risks before moving an individual

The risk assessments your employer carries out are, however, general risks for your work environment. Each time you move or lift any individual, you too

must make an assessment of the risks involved in carrying out that particular manoeuvre. Even if you have moved this individual every day for the past six months, you should still assess the risks on each occasion before you put anything into practice. If you are acting in a supervisory capacity, you must ensure that staff are fully aware of the procedures they are required to follow.

No two lifts are ever the same – there are always some factors that are different. These factors could be to do with the individual and his or her mood or health on that particular day; they could be about the environment; or they could be about you and your current physical condition.

You should run through the same checklist each time before you carry out any activity which involves you in physically moving a person from one place to another. A suggested checklist is shown on the previous page. You may need to adapt it to fit your own place of work and the circumstances in which you work.

Any changes in an individual's condition may influence the moving and handling procedures required. These should always be recorded in the care plan and a new risk assessment carried out whenever necessary.

This checklist system is best remembered as TILE – Task, Individual, Load, Environment. You should carry out a TILE assessment each time you move a service user.

Remember

T Task
I Individual
L Load
E Environment

You need to consider the environment carefully when you are assessing risk. You should take into account all of the following factors.

- Is the floor surface safe? Are there wet or slippery patches?
- Are you wearing appropriate clothing – low-heeled shoes, tunic or dress that has enough room to stretch and reach?
- Is the immediate area clear of items that may cause a trip or a fall, or items that could cause injury following a fall?
- Is all the equipment, both to carry out the lift and in the place to which the individual is to be moved, ready?
- Does the individual have privacy and can his or her dignity be maintained during the move?
- Is there anyone you could ask for help, for example a colleague, a porter or member of the ambulance service?

Working with the individual to be moved

KS 3 8 9 10 11 13 14 15 16 17 18 23 24 25 26 28

Make sure you wash your hands and ensure your own hygiene before and after moving individuals. Bacteria on bed linen can easily be transferred from individual to individual unless care is taken to observe infection control procedures.

Consult the care plan and assess any immediate risks to individuals. If there is a risk you cannot deal with, seek advice from the appropriate people.

The individual who is going to be moved is the key person to be actively involved, as far as possible, in decisions about the best way to carry out the move. Unless the person concerned is unconscious or semi-conscious or so confused as to be unable to contribute to any discussion about the best way to proceed, then it is essential that you discuss with the person the method that he or she would feel most comfortable with.

Discuss with the person concerned the way that he or she would prefer to be moved

Encourage the individual to communicate the level of support he or she requires. Many people who have a long-standing disability will be very experienced in how to deal with it. They are the best people to ask for advice as they know the most effective ways for them to be moved, avoiding pain and discomfort as far as possible.

If you are caring for an unconscious or confused individual who has been admitted to residential accommodation after a period of being cared for at home, you might wish to consult with the home carers, general practitioner or district nurse for information about any moving and handling procedures that have been found to be effective, and which you can adopt in your workplace.

Active knowledge

Your workplace probably uses an assessment form similar to the one on the next page. Find the one your workplace uses and make sure you know how to fill it in. It may be similar to the checklist on page 355.

Patient's name		District nurse	
Body build	Obese ☐ Above average ☐ Average ☐ Below average ☐	Tall ☐ Medium ☐ Short ☐	
Weight (if known)		**Risk of falls**	High ☐ Low ☐
Problems with comprehension, behaviour, co-operation (identify)			
Handling constraints, e.g. disability, weakness, pain, skin lesions, infusions (identify)			

Tasks (see examples)	**Methods to be used** (see examples)	**Describe any remaining problems, list any other measures needed** (see examples)

Date(s) assessed:				
Assessor's signature:				
Proposed review dates:				
				Finishing date:

Examples of tasks:
- ✔ sitting/standing
- ✔ toiletting
- ✔ bathing
- ✔ transfer to/from bed
- ✔ movement in bed
- ✔ sustained postures
- ✔ walking
- ✔ in/out of car

Examples of methods/ control measures

Organisation
- ✔ Number of staff needed?
- ✔ Patient stays in bed

Equipment
- ✔ Variable height bed
- ✔ Hoists
- ✔ Slings/belt
- ✔ Bath aids
- ✔ Wheeled sani-chair
- ✔ Monkey poles
- ✔ Patient hand blocks
- ✔ Rope ladders
- ✔ Turntable
- ✔ Sliding aids
- ✔ Stair lift

Furniture
- ✔ Reposition/remove

Examples of problems/ risk factors

Task
- ✔ Is it nesessary? Can it be avoided?
- ✔ Involves stretching, stooping, twisting, sustained load?
- ✔ Rest/recovery time?

Patient
- ✔ Weight, disability, ailments, etc.

Environment
- ✔ Space to manoeuvre, to use hoist
- ✔ Access to bed, bath, WC, passageways?
- ✔ Steps, stairs?
- ✔ Flooring uneven? OK for hoist?
- ✔ Furniture: moveable? height? condition?
- ✔ Bed: double? low?

Carers
- ✔ Fitness for the task, freshness or fatigue?
- ✔ Experience with patient and with handling team?
- ✔ Skill: handling, using equipment?

A risk assessment form for manual handling

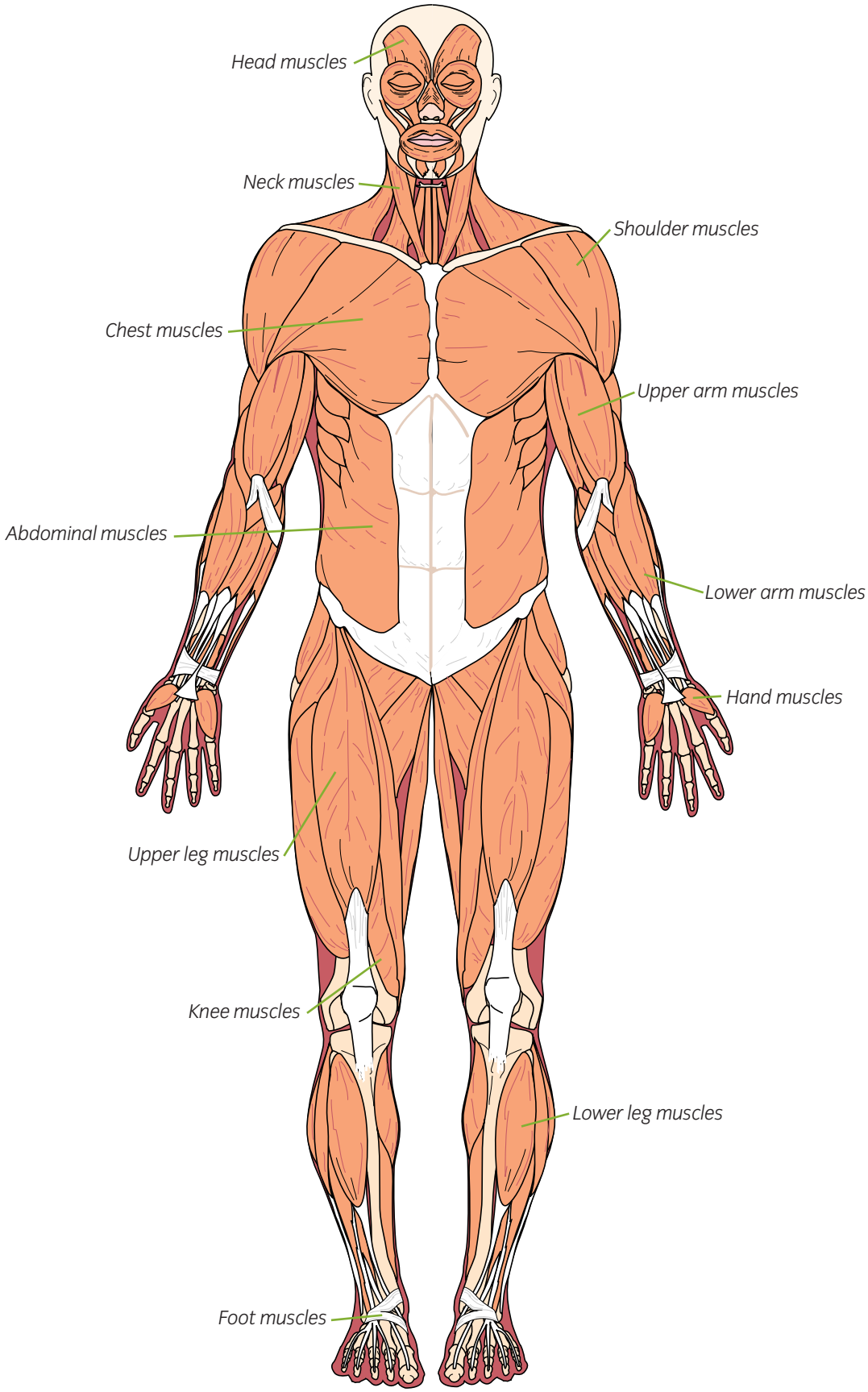
The individual's physical condition

Because of the individual's condition, the normal range of movements in joints may not be possible. You need a working understanding of the way muscles attach to the skeleton and the way healthy joints work, in order to accommodate any difficulties in moving and positioning an individual.

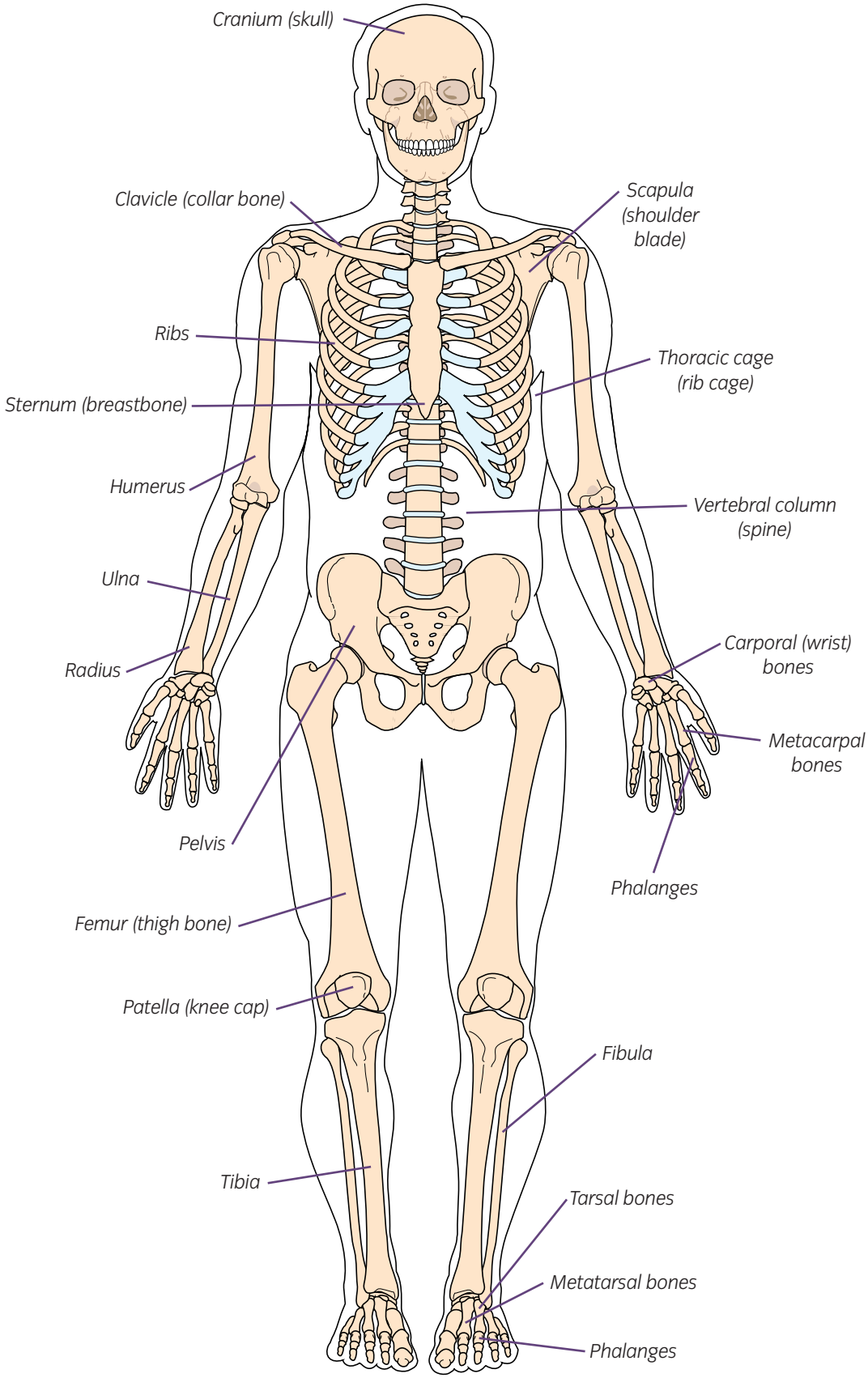
The diagrams on pages 359 and 360 show how the skeletal muscles are arranged within the body and how they are all interlinked.

Remember

Your first port of call for advice on how to carry out a movement, after you have checked out the safety aspects and the risk factors, should be the individual himself or herself.



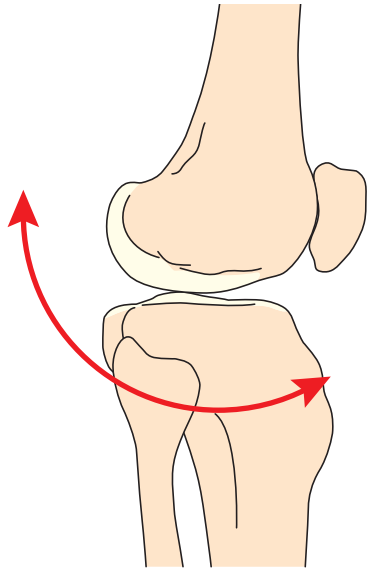
The muscular system



The skeleton

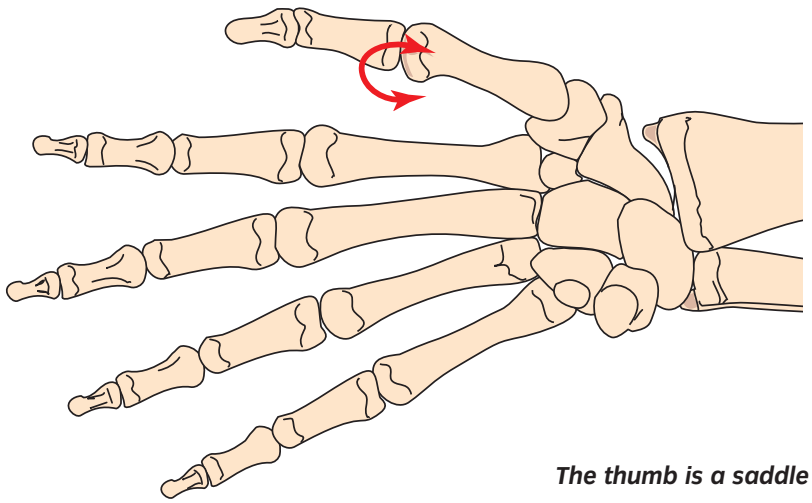
Muscles are attached to the bony skeleton. They work like hinges or levers – they pull and move particular joints. When a muscle contracts (gets shorter), it pulls a joint in the direction that it is designed to move. Pairs of muscles move antagonistically; that is, when one contracts, its opposite number relaxes to allow movement. Muscles can become slack and make movement slower and more difficult, but when muscles are regularly used they are toned and easy to move.

Types of joint



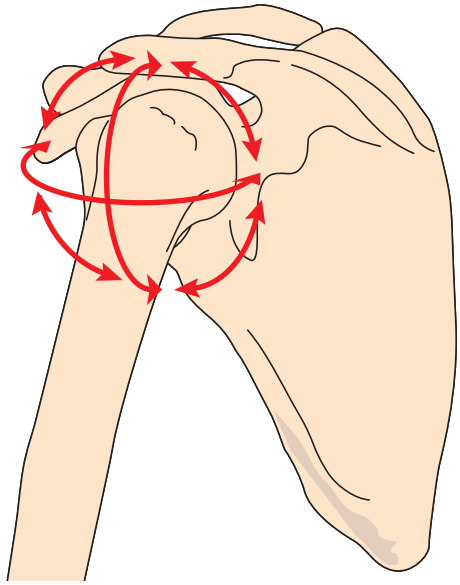
The knee is a hinge joint

- **Hinge joints**, e.g. the knee or elbow joint, can straighten or bend in the same way as a door hinge opens or closes.
- **Pivot joints**, e.g. the vertebrae in the neck, allow movements from side to side.
- **Saddle joints**, e.g. the thumb, allow back-and-forth and side-to-side movements, but rotation is limited.



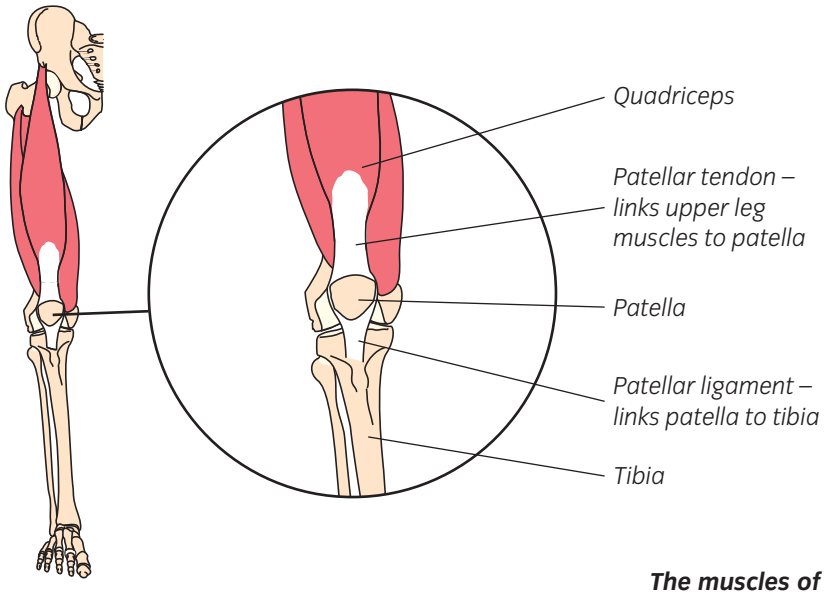
The thumb is a saddle joint

- **Ellipsoidal joints**, such as the joint at the base of the index finger, allow bending and extending, and rocking from side to side, but rotation is limited.
- **Gliding joints** occur between the surfaces of two flat bones that are held together by ligaments. Some of the bones in the wrists and ankles move by gliding against each other.
- **Ball and socket joints** are the most flexible free-moving joints, e.g. the shoulder and hip.



The shoulder is a ball and socket joint

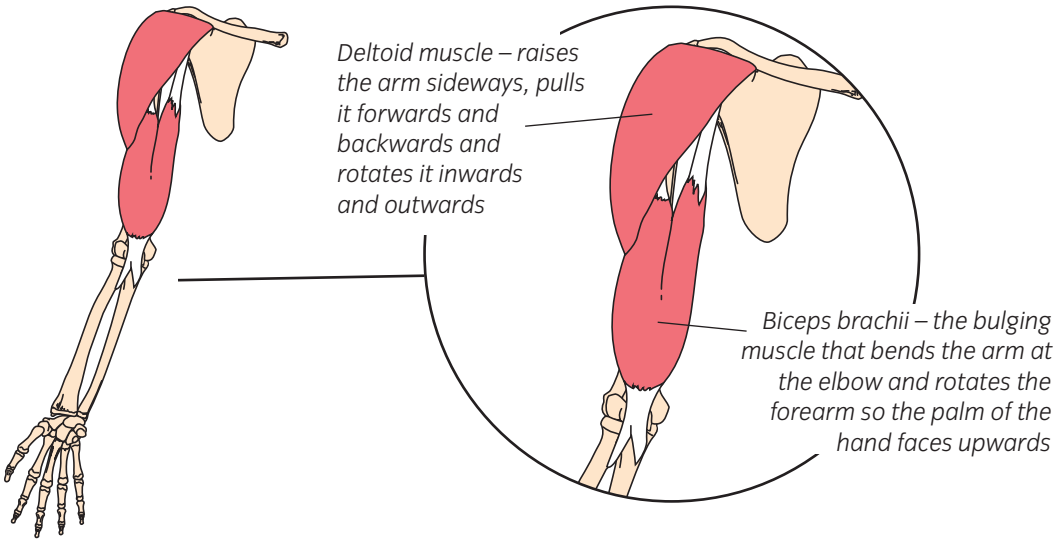
How the knee moves



The muscles of the knee

The muscles responsible for moving the knee run from the upper to the lower leg. Those in the front of the upper leg (the quadriceps) pull on the tibia (lower leg bone) to straighten the leg. The muscles at the back of the upper leg make the knee joint bend.

How the upper arm moves


Deltoid muscle – raises the arm sideways, pulls it forwards and backwards and rotates it inwards and outwards
Biceps brachii – the bulging muscle that bends the arm at the elbow and rotates the forearm so the palm of the hand faces upwards

The muscles of the upper arm

The large muscles in the upper arm work together to raise and bend the arm. The most powerful arm muscle is the biceps brachii. If you bend your arm up and down, you will feel the biceps working.

Improving particular conditions

Exercise can be specifically designed to improve particular conditions. A physiotherapist would make an assessment and design a particular programme for an individual with this in mind. Some examples are shown below.

- Following a stroke, an individual will often have weakness in a limb or the whole of one side of the body. A mobility activity will be designed by a physiotherapist to work on strengthening the areas weakened by the stroke.
- Following surgery to replace a hip joint, an individual may have muscle weakness of the whole of the leg because of lack of exercise caused by osteoarthritis. In addition, he or she will have pain and stiffness following surgery. The key to recovery and regaining full use of the joint will be the plan devised by the physiotherapist.
- Many people who use wheelchairs may have special mobility activities to ensure that their muscles remain active as far as possible, and to promote their general fitness levels.

Explaining the move

Once you have carried out all the necessary assessments in an individual case, you should explain carefully to the individual exactly what you intend to do and what his or her role is in contributing to the effectiveness and safety of the move. This will vary according to the person's ability, but nonetheless most individuals will be able to participate to some extent.

Even where individuals are unconscious or appear to have no understanding of what is going on, you should still explain exactly what you are doing and why you are doing it and what the effects will be. We have a limited understanding of what a state of unconsciousness means to the person experiencing it; however, it is acknowledged that individuals who appear to be completely unconscious may be able to hear what is going on around them. Every individual has the same right to be treated with dignity and respect and to have procedures explained rather than simply having things done to him or her by care workers who believe that 'they know best'.

Each stage of the proposed move should be explained in detail before it is carried out, and it is essential to obtain the individual's consent before you move or handle him or her in any way. If you move an individual without his or her consent this could be considered to be an assault. So you should always be sure that you are carrying out the individual's wishes before you commence any move.

Keys to good practice: Preparing for moving and handling

- ✓ Wash your hands and ensure you are wearing suitable clothing and footwear.
- ✓ Check the care plan and assess risks to the individual and to yourself before starting any move.
- ✓ If the risk assessment states that more than one member of staff is required to perform the procedure, ensure that one or more colleagues are available to assist you.
- ✓ Remove potential hazards and prepare the immediate environment.
- ✓ Ask the individual about the best way of moving, or assisting, him or her.
- ✓ Explain the procedure at each stage, even where it may not be obvious that you are understood.
- ✓ Explain how the equipment operates.
- ✓ Check that you have the agreement of the person you are moving.
- ✓ Stop immediately if the individual does not wish you to continue – you may not move a person without his or her consent.

Never be tempted to drag an individual up the bed or chair, instead of ensuring that he or she is properly moved. Dragging someone can cause friction and break the skin, promoting the development of pressure sores, especially on the sacrum (the bottom of the back) and heels.

Suitable clothing and equipment

KS 4 5 6 19 20

Your clothing

The type of clothing you wear when you are moving individuals is very important. It can make the difference between carrying out a procedure safely and doing it with difficulty and possible risk of injury. Footwear should be supportive and flat, with soles that grip firmly.

Recommendations in respect of uniforms are that dresses should have a pleat in the skirt and in the back, and a similar pleat in the sleeves. These are to allow space so that you do not find that your own movements are restricted by your clothing, possibly forcing you to move in an awkward way. It may be necessary, for example, to place one knee on a bed. This is impossible if you are wearing a straight skirt, or at least very difficult to manage at the same time as maintaining dignity – yours, not the service user's!

If you are in a situation where you do a great deal of moving and handling, it is a good idea to wear trousers, with a tunic top that has plenty of room in the sleeves and shoulders to allow free movement. Your employer should have carried out a risk assessment and ensured that the clothing that is provided for you to wear is appropriate and complies with current best practice and requirements in terms of moving and handling.

Work clothing should allow for free movement when handling individuals

Equipment

The use of equipment is covered by the Lifting Operations and Lifting Equipment Regulations (LOLER) 1998.

LOLER covers risks to health and safety from lifting equipment provided for use at work. LOLER requires that equipment is:

- strong and stable enough for the intended load
- marked to indicate safe working load
- used safely: the equipment's use should be organised, planned and executed by competent people
- subject to ongoing examination and inspection by competent people.

Hoists, slings and bath hoists are covered by the regulations. The regulations state that lifting equipment should be thoroughly examined by competent people at least every six months in the case of equipment used to lift people, and at least annually in the case of other equipment.

In your work you may use many different types of equipment, including several types of lifting and moving equipment. It is important that you check every time you use a piece of equipment that it is safe and that it is fit for use for that particular individual.

If you do find equipment has become worn, damaged or appears to be unsafe in any way, you should immediately stop using it, label it as being damaged, take it out of service and report it to your supervisor. You must do this even if it means having to change your handling assessment for the individual you were about to move. You should also ensure that other members of staff are aware that the equipment should not be used until it is repaired or replaced.

Under no circumstances is it acceptable to take a risk with equipment that may be faulty. It is better that the individual waits a little longer for a move or is moved in an alternative way rather than being exposed to risks from potentially unsafe equipment.

Make sure that you have read the instruction manual for each piece of equipment you use. It should give you a safety checklist – make sure you follow it, and that colleagues do so too.

Also make sure you seek any assistance you need in order to carry out a move correctly using any type of equipment. Safety procedures will specify how many workers are needed for each type of move.

Evidence PC 3 6

Find out the procedure in your workplace for reporting faulty equipment. Check whether there is a file or a book where you need to record the fault. You may only need to make a verbal report, or you may have to enter the details of the fault into a computer. Make sure that you know what the correct procedure is, and make notes on it for your portfolio.

How to encourage independence

KS 1 3 8 11 12 16 19

There are many ways in which an individual can assist and co-operate with care workers who are handling or moving him or her. It is important that this is encouraged and that individuals are not made to feel as though they are simply being transported from place to place 'like a piece of meat'. Co-operation from the individual is invaluable, both for maintaining his or her own independence and for assisting those who have to carry out the move. For example, you may be transferring an individual from a bed to a wheelchair. The first part of the process – getting to the edge of the bed and sitting on it – may well be possible for the individual to accomplish if he or she follows a correct set of instructions, rather than having to be moved by care workers.

Remember

If an individual can achieve any part of a move or transfer, with or without support, this will be invaluable both for the individual's self-esteem and in assisting the care worker.

Any independence that can be achieved is vitally important in terms of the individual's self-esteem and sense of well-being. A person may be able to transfer himself or herself from a wheelchair to a chair, to a car seat or into bed, either by the use of transfer boards or by simply being able to use sufficient upper body strength to slide across from chair to wheelchair, and vice versa, once the wheelchair arm is removed.

You may be able to use self-help techniques when an individual needs a bed pan. Rather than having to be lifted manually, he or she can be encouraged, with some simple instructions, to bend the knees and raise the bottom to allow the bed pan to be slid underneath him or her.

Techniques like this involve the active co-operation of the individual. Obviously they are not suitable for use where individuals are unable to co-operate, either because of their state of consciousness or because they have almost total paralysis. Some individuals may not be able to co-operate for emotional reasons – they may lack the confidence to make any moves for themselves because of fear of falling or fear of pain or discomfort. Where the plan of care has identified that the individual is capable of co-operation in moving and handling, this should be gently encouraged and any reasons for his or her reluctance to co-operate should be discussed with the individual.

Where there is any conflict between the individual's wishes and health and safety issues, it is important that these are discussed and that you explain to the individual that you must abide by statutory regulations to protect him or her, as well as yourself and your colleagues. Every attempt must be made to reach a compromise so that you can carry out any moving and handling procedure according to the guidelines, while meeting the needs of the individual as closely as you can.

Good preparation is the key to a successful move or transfer. Where the individual and the worker are working together, there is likely to be maximum safety and minimum risk, pain and discomfort.

CASE STUDY: Planning a move

Shireen is the care worker for Mrs Gold, who is 80. Shireen needs to move Mrs Gold from a bed into a chair. Mrs Gold is only able to assist a little as she has very painful joints and is unable to bear weight. She weighs 16 stones (101 kg).

1 *What would you expect to see in Mrs Gold's care plan in respect of moving procedures? Give reasons.*

2 *What factors should Shireen take into account before starting to move Mrs Gold?*

3 *What should Shireen say to her?*

Test yourself

1 Name three factors you would take into account when assessing the risk of carrying out a move.

2 In what sort of situations would you consider asking an individual to move himself or herself across the bed?

3 What type of clothing is most suitable for carrying out lifting?

4 What steps should you take if you have concerns about the safety of equipment?

HSC 360b Move and position the individual

You are ready to begin the moving and positioning of individuals when you have consulted the care plan and individuals themselves (where possible), assessed all risks and applied precautions for infection control.

Equipment for moving and handling

KS 19 20

A wide range of equipment is available, and technological advances are being made continuously in the field of medical equipment. But regardless of the individual products and improvements that may be made to them, lifting and handling equipment broadly falls into the following categories:

- hoists, slings and other equipment, which move the full weight of an individual
- equipment designed to assist in a move and to take some of the weight of an individual, such as transfer boards
- equipment designed to assist the individual to help himself or herself, such as lifting handles positioned above a bed to allow individuals to pull themselves up. This category also includes grab handles, raised toilet seats, patient hand blocks and lifting-seat chairs.

Lifting handles above a bed can help individuals to move themselves

Depending on the setting in which you work, you may have to use some or all of the different types of equipment. If you work with individuals in their own homes, your access to equipment may be more limited, although there is now an extensive range of equipment that can be used very effectively within an individual's own home, often removing the need for residential care.

Using equipment

Each piece of equipment will have an instruction manual. You must read this and be sure that you follow the instructions for its use. There are some general points about how to use particular types of equipment, but you must know how to use the particular equipment in your workplace.

Hoists

- Make sure that you use the correct sling for the hoist and for the weight of the service user.
- Most slings are colour-coded. Check that you have the right one for the weight of the service user.
- Ensure that the seams on the hoist are facing outwards, away from the service user, as they can be rough and can easily damage the skin.
- Only attempt to manoeuvre a hoist using the steering handles – do not try to move it with the jib, as it can overbalance.
- Place the sling around or under the service user. Lower the bed to its lowest position. Then lift the service user. It is only necessary to have a small clearance from the bed or chair – there is no need to raise the service user a great distance.

Completing a move: place the wheelchair in position and make sure it is steady

You cannot learn to use a hoist safely by reading a book – you must familiarise yourself with the hoists in your workplace and ask to be shown how to operate them. You should also ensure that junior staff are fully trained and familiar with the use of hoists.

The service user also needs to be comfortable with the procedure for using the hoist. Familiarise him or her with the hoist and the way the move is to be achieved before beginning.

- Ensure the hoist is appropriate for the service user, in terms of his or her needs as well as body weight.
- Explain fully to the individual what will happen at each stage of the move.
- Explain what you would like him or her to do.
- Take your time – don't rush the service user or the move.

Transfer boards/sheets

These require at least two people standing on opposite sides of the bed. They allow people to be moved from bed to trolley and vice versa. They can be used regardless of the level of consciousness of the individual.

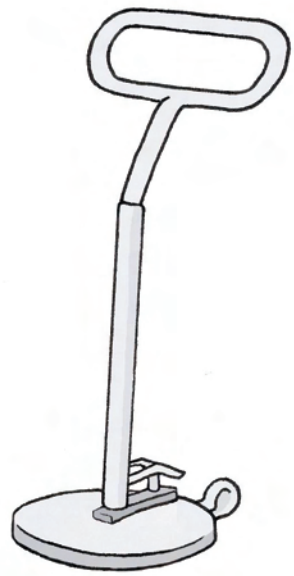
They all work on the same principles. They are made of friction-free material which is placed half under the person and half under the sheet he or she is lying on. One worker then pulls and the other pushes. The sheet, complete with person, then slides easily from one to the other. There are several types available: 'Pat-slide', 'Easy-glide' and 'Easy-slide' are among the most common.

Slideboards

The slideboard is a small board placed between a bed and a chair or wheelchair. It is designed for use by service users who are able to be quite active in the transfer and only require assistance. The board allows the service user to slide from bed to chair, and vice versa, with some assistance in steadying and some encouragement.

Turn discs

These are used to swivel service users, in either a sitting or standing position, and can be useful for service users who are able to stand. They are particularly useful for getting in and out of vehicles.



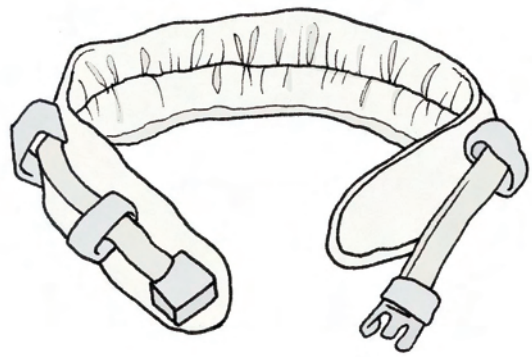
Turn disc

Monkey pole or lifting handle

This is a handle which is fixed above a bed, and swings from a metal frame (see the photograph on page 369). It is designed to allow people to assist themselves. They have to pull on the bar to lift the upper part of the body off the bed. This can enable people to help themselves to sit up, turn over and change position without having to call for assistance.

Handling belts

These enable you to assist a service user to rise from a chair, or provide a steadying hand, by holding onto the handles on the belt. It gives you a firm grip without risking bruising the service user or slipping and causing an injury to either of you.



Handling belt

Patient hand block

This is a relatively new piece of equipment that will allow individuals to move themselves up and down the bed. It consists of large plastic handles with a non-slip base and has the effect of lengthening the arms and preventing them from sinking into the mattress. Hand blocks are particularly good for individuals using bedpans, although they will need to have quite strong hands and arms in order to use them.

Patient hand blocks allow individuals to move themselves in bed

Assessing equipment

When you are assessing how to assist a person to move and which equipment to use, you need to consider:

- the potential risks
- what the person can do to help himself or herself to move, and what he or she cannot do – remember that it is important to encourage as much independence as possible
- what the person knows from experience to be the best method, or the method he or she prefers.

If the person's preference conflicts with safe practice, you should tactfully explain this, pointing out the potential risks and suggesting the best method. Reassure the person, if necessary. If there is still a problem, you will need to tell your supervisor immediately.

Remember

You should never move anyone without his or her agreement.

You need to observe the individual throughout the activity and stop immediately if there are any adverse effects such as pain or anxiety for the individual. If any problems occur, seek help from other professionals.

When you are carrying out a moving procedure, it may be necessary to move items of furniture so that you can work safely. Remember that this also requires assessment: How heavy is the furniture? Is it on wheels? How many times will you need to move it? Whether you are working in a care setting or in an individual's own home, it is important that furniture is returned to its original position afterwards, so the individual can easily locate personal items in their usual places and feel reassured by the familiar surroundings.

Evidence PC 1 4 6

Think of a service user who requires equipment and support to maintain a required position.

Describe the equipment needed and how you ensure that is it used safely, including standard precautions you use for infection control.

Explain what action you would take if any adverse effects occurred during moving or positioning.

Methods for manual moving and handling

KS 1 3 9 12 16

There are very few situations in which manual lifting should be carried out. Unless it is an emergency or a life-threatening situation, there should be no need to move anyone without the correct equipment. It is important that service users are encouraged to assist in their own transfers and movements.

This means that even shoulder lifts (like the Australian lift) are no longer considered to be safe. There is no safe weight limit for lifting, so the only workplaces where manual lifting should now take place are units caring for babies and small children. Even there, it is important to ensure that risk assessments are carried out to avoid the likelihood of injury, as height differences between the care worker and the child, or the surface involved, present other safety issues.

Care workers in a hospital or residential setting should never have to lift or move service users without the necessary equipment. This is sometimes more of a problem in community settings, where it may not be easy to use equipment in the service user's home, or the equipment may not be available.

The Disability Rights Commission has highlighted the issues in relation to the human rights of people with disabilities. They argue that if disabled people are unable to live in the way they wish because of a 'no lifting' policy – for example, some people have had to remain in bed because no equipment was available to move them, or they did not wish to be moved using equipment – then the agency refusing to provide the care is in breach of both the Human Rights Act 1998 and the Disability Discrimination Act 1995.

There is no direct instruction in the Manual Handling Regulations not to lift, but they do state that all personnel should 'avoid hazardous manual handling where reasonably practicable', and many organisations, particularly within the NHS and social services, instruct their employees not to lift at all. However, guidance from the Health and Safety Executive – 'Handling Home Care', 2002 – states that while all risk assessments must be undertaken and equipment used wherever possible, 'no lifting' policies are likely to be incompatible with service users' rights.

The NHS 'Back to Work' guidance also states that 'no lifting' is a misleading term as it is often used to mean that lifting most, or all, of a service user's weight should not be undertaken. In no circumstances, however, should the service user or care worker be put at risk.

Evidence **PC 1**

Check the policy in your workplace about moving individuals against the Health and Safety Executive and NHS guidelines. Does it conform? If not, what changes need to be made? Check the most recent information from the Disability Rights Commission. Are all the staff you are responsible for aware of this? Make notes on your findings for your portfolio.

If you need to move someone manually in order to change his or her position or to provide assistance, you should follow the principles of effective manual moving and handling.

- Risks must be assessed *every time*.
- The procedures should be well-planned and assessed in advance. Technique rather than strength is what is important.
- The procedure should be comfortable and safe for the individual – creating confidence that being moved is not something to be anxious about and that he or she can relax and co-operate with the procedure.
- The procedure should be safe for the workers carrying it out. A worker who is injured during a badly planned or executed transfer or move is likely in turn to injure the individual he or she is attempting to move. Similarly, an individual who is injured during a move is likely to cause an injury to those who are moving him or her.

Team work

Most moving and transfer procedures, whether manual or assisted, are carried out by more than one person. If you are to work successfully as part of a team, you need to follow some simple rules.

- Carry out a risk assessment.
- Decide who is going to 'shout', or lead the manoeuvre.
- That person will check that everyone is ready.
- He or she will say '1-2-3 lift' or '1-2-3 move'.
- Everyone must follow the count of the person who shouts.

Remember

The interests and safety of the individual and the workers are so closely linked that you must consider them both together.

Transfer

If you are assisting an individual to transfer from a bed or chair to a wheelchair, this can be done with one person providing assistance to steady the person as he or she uses the transfer board, provided that there are no complicating factors such as an individual who is particularly heavy or tall, or who has serious disabilities. In that case, the person should be moved using a hoist or a turntable.

Rolling or turning

If you need to roll or turn someone who is unable to assist, either because of paralysis, unconsciousness, serious illness or confusion, you should:

- follow the care plan and risk assessment
- carry out the procedure with at least two workers
- roll the person using a transfer sheet or board, or use the bottom sheet to roll the person onto his or her side (make sure the sheet is dry and intact!)
- support the person with pillows or packing.

When the person needs to be turned again, remove the pillows, lower him or her onto the back and repeat the other way.

Overcoming 'pyjama-induced paralysis'

One of the key factors in a safe handling policy is to encourage people to help themselves. There is a great temptation for people to believe that they can do far less than they are capable of. This is often encouraged by staff who find it quicker and easier to do things rather than wait for people to help themselves.

If you encourage individuals to make their own way out of bed, for example, they need to follow the simple set of instructions shown on the next page.

You may wish to encourage an individual to roll over in the bed, rather than having to be manually rolled by a care worker. This could be necessary to allow for a change of bedding, a bed bath or to change clothes. The instructions for achieving this are quite simple, and can be carried out by all but the most severely ill or disabled individuals, as shown on the next page.

Getting out of bed

1 Roll towards the edge of the bed

2 Swing your legs over the side of the bed while continuing to lie the top half of your body on the bed

3 Push with your hands to sit upright

Rolling over in bed

1 Turn to face the direction in which you are rolling

2 Bend the leg on the other side and keep your foot flat on the bed

3 Reach across your body with the opposite arm. This uses the counterweight of moving the arm across the upper body to assist with achieving a roll

If you need to get someone to raise his or her bottom from the bed in order to give a bedpan, or to prepare for rolling or turning, then you should ask the person to follow the instructions below.

1 *Bend both knees*

2 *Keep your feet flat on the bed and push up on your feet and hands, so that your bottom is raised*

Recording and passing on information

KS 8 18 23 28 30 31

Information about the most effective ways of moving someone, or techniques that have proved effective in encouraging a person to assist himself or herself, should be recorded in the plan of care.

The plan of care should contain information on the moving needs of each individual, and it is vital that these are followed. However, you may notice a change in behaviour or response. This could be:

- a person finding movement more painful
- a loss of confidence in a particular technique
- an improvement in how much assistance a person can give
- a changed reaction following being moved.

Any change of this type, or anything else you notice, is significant and must be reported to your supervisor. Any changes may be indications of overall changes in the person's condition and should never be ignored. The risk assessment should be revised to take into account any changes in an individual's condition, as different equipment may need to be used.

The information you record should be:

- clear
- easily understood
- a good description of the person's needs.

Date	No.	PATIENT'S NURSING NEEDS/PROBLEMS AND CAUSES OF PROBLEMS (NB Physiological, Psychological, Social and Family Problems)	Objectives	Nursing Instructions	Review On/By	Date Resolved
1.5.07	8	Mobility:			8.5.07	
		Due to suffering from a	To prevent complications	a) Encourage Mr K to be as	15.5.07	
		congenital foot deformity.	of immobility and	independent as possible.	22.5.07	
		Mr K is unable to bear	maintain Mr. K's safety	b) Always give clear, consise	29.5.07	
		weight and needs the hoist	as far as is reasonably	instructions when moving and	5.6.07	
		to be used when moving	practicable	handling to gain full	12.6.07	
		and handling		co-operation.	19.6.07	
				c)The hoist must be used at all	26.6.07	
				times with either the Quickfit	3.7.07	
				deluxe sling or the toiletting	10.7.07	
				sling - depending on	17.7.07	
				circumstances.	24.7.07	
				d) Ensure safe practice maintained	31.7.07	
				when moving and handling.	7.8.07	
				e) Observe for any problems and		
				reassess appropriately.		
				f) Review problem weekly		

An example of notes on an individual's mobility in his plan of care

Your records should include notes about when the next positioning manoeuvre is due, if appropriate.

CASE STUDY: Encouraging independence

Mrs Hinds had knee replacement surgery three months ago. Since her discharge from hospital she has been reluctant to move, complaining of severe pain in her leg and side. She asks for help to move from her bed to her chair and uses the wheelchair to go to the toilet. Mrs Hinds has been seen again by the orthopaedic surgeon, who can find no physical reason for the pain and believes the surgery was successful.

1. *Why do you think Mrs Hinds might want help?*
2. *What should the plan of care be in order to support her?*
3. *How could the issue be approached with Mrs Hinds?*

Test yourself

1 Describe the steps you would take before moving or handling an individual using equipment.

2 In what situations is it *not* safe to move an individual?

3 What is 'pyjama-induced paralysis' and how can it be overcome?

4 Name the key information to be recorded in an individual's plan of care concerning moving and handling.

HSC 360 FURTHER READING AND RESEARCH

Below are some books, websites and agencies you can look up to continue your study of this subject. You may also find it useful to make contact with local physiotherapists and occupational therapists that visit your workplace or are based in your local area.

www.backpain.org Back Care (Charity for healthier backs)
tel: 0845 1302704

www.csp.org.uk Chartered Society of Physiotherapy

www.hse.gov.uk Health and Safety Executive
tel: 0845 345 005

www.drc-gb.org Disability Rights Commission

www.manualhandlingguide.co.uk Manual Handling Guide

www.nric.org.uk (National Resource for Infection Control)

www.neli.org.uk (National Electronic Library of Infection)

BackCare (2005) *The Guide to the Handling of People* 5th Edition

BackCare (1998) *The Handling of Patients* 4th Edition

Oddy, R. (1998) *Promoting Mobility for People with Dementia* 2nd Edition Age Concern